

# NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

1 MAY 19 15 9001

Date In: 01/12/2019 17:01	Job description	Date & Time Completed	Done by
Ref No: NGA/2019/021259/1	SAS e-filing		
Veh No: SMP 1419G	E-mail (3 jobs 3hrs, AIC 3hrs)		
DOA: 01/12/2019 14:15	I-Motor Claim Form	mm/10/4000-00	03/12/2019
OD: TP: Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		10:00
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Proferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of reprior.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time:	Accident:

Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/245	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$1	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: Idas Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	02/12/2019 17:01
Date Of Accident	01/12/2019 14:15
Exact Location Of Accident	ORCHARD TURN (BETWEEN ION AND ORCHARD PARKSUITES)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1419G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEE SWEE LUAN
Work Permit No	S1224367G
Email Address	RXCHEW4@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98319367
Alternative Phone No	OFFICE-98319367

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle?	NO
--	----

If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112854159
Cover Note Number	

### Driver

Name of Driver	CHEW RONG XIN
NRIC No	S8436123B
Date Of Birth	26/11/1984
Occupation	INDOOR
Date Of Driving Pass	13/10/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97340175
Fax Number	
Contact Number	
Email Address	RXCHEW4@GMAIL.COM

Address 113B MCNAIR ROAD #21-268  
 Postcode 323113  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2  
 Passenger 1 NAME: : PASSENGER  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## SKETCH PLAN


### IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

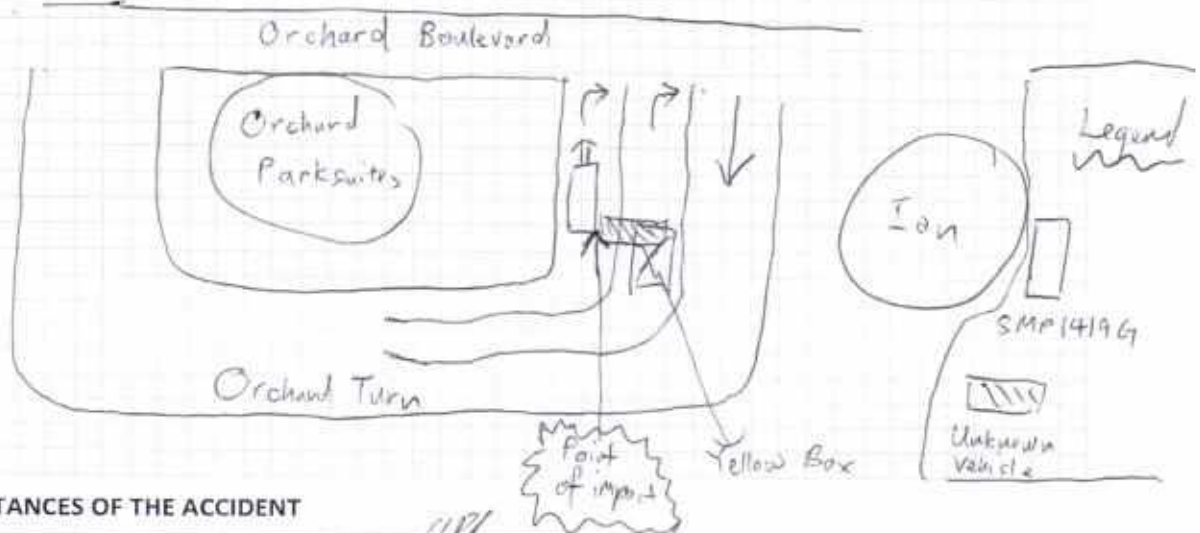
  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 02/12/19, 1204

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SKETCH PLAN**

Date: 01/12/19  
Time: 1415 to 1420



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving straight along Orchard Turn en route towards Orchard Boulevard when an unknown vehicle hit the rear right side of my vehicle. There was no yellow box or give way road marks on my lane. I am filing this I did not stop and take down the particulars of the driver of the unknown vehicle. My car camera was not functioning properly at that moment so no video recording of the incident was done. I am filing this report as a precautionary measure in case the driver of the unknown vehicle claims against me.

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 02/12/19, 1204

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 01/12/2019 (DD/MM/YYYY), TIME: 14:16 (HHMM)

LOCATION: Orchard Turn (Between ION Orchard and Orchard Parkside)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP1419G  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5112854159  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA / CAMRY  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SEE SWEET LIAN (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S1224367G CONTACT: 9831 9367  
 C) ADDRESS: 95B HENDERSON ROAD, #20-32, S152 095

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHEW RONG XIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8436123B CONTACT: 9734 0175  
 c) ADDRESS: 113B MCNAIR ROAD, #21-268, S323113

\* d) DATE OF BIRTH: 26/11/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 OCT 2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: PARENT/SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passengers  
(including driver)  
(2)

No of passengers  
(including driver)  
( )

No of passengers  
(including driver)  
( )

email = rxchewt@gmail.com

VIDEO

Did not take down any details and no video

## Claim Handling

Accident MT/1074000

Policy No.	5112854159	Vehicle No.	SMP1419G	GST Registrati
Certificate No.				Policyholder Ni
Policyholder Name	SEE SWEE LUAN @SEE POH GEOK	Cover Type	drive CLASSIC	Leading
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(H
Contact No.(Mobile)	98319367	Special Remark		eCode
Email Address				eCode Reason
KFK	Yes	TCA	Yes	Private Hire
NCD Protection	Yes	NCD Entitlement(%)	50	

## Accident Details

Report Date	03/12/2019 09:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2019	Time of Accident hh:mm	14:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ORCHARD TURN (BETWEEN ION AND ORCHARD PARKSUITES)			

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 95B #20-32	Address 2	HENDERSON ROAD	Address 3
Address 4	SINGAPORE 152095	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112854159	

## OI Driver Info

Driver Name	CHEW RONG XIN (ZHOU RONGXIN)	Driver Type	Named Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8436123B	Driving Experi
Register Date of Driver License	13/10/2005	Driver Age	35	Contact No.(H
Contact No.(Mobile)	98319367	Contact No.(Office)		Address 3
Address 1	BLK 113B #21-268SMP1419G	Address 2	MCNAIR ROAD	Post Code
Address 4	SINGAPORE 323113	Address Type	Foreign address	
Unit No.	21-268			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SMP1419G	Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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## Modification History

Claim 001

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

SEI

98319367

Contact No.

67

seesweeluan@hotmail.com

Vehicle Number

SM

SMP1419G / UNKNOWN ON 1 Dec 2019

Preferred

Repair

Option

Date Registered

Report Taken By

Insured Liability

Not at Fault

Preferred

Repair

Option

Preferred Workshop, Name unknown

GIA

report

Received

03/12/2019 09:59

Claim Close

Date

ROSLI WAHAB



Save Submit

## Attachment

Accident No. MT/1074000 Claim No. 001  
 Last Doc. Received \* Yes ☐ No ☐ Upload Date 03/12/2019 10:00

Path \*

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

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Category \*

Confider

Please Select ▼ NO

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 10:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 10:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 10:00	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 09:59	SAS	Normal	S

## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5112854159

**Cover :** drive CLASSIC

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMP1419G                    |
| Chassis Number  | : MR053BK5104015908           |
| 2. Name of Policyholder   | : SEE SWEE LUAN @SEE POH GEOK |
| 3. Effective Date of Insurance  | : 23 Sep 2019                 |
| 4. Expiry Date of Insurance   | : 12 Jul 2020                 |
| 5. Persons or Classes of Persons entitled to drive#   |                               |
| (a) The Policyholder.   |                               |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                               |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                               |

**6. Limitations as to Use#**

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SEE SWEE LUAN @SEE POH GEOK
NAMED DRIVER (1)	: CHEW HIONG KENG
NAMED DRIVER (2)	: CHEW RONG XIN (ZHOU RONGXIN)
HIRE PURCHASE COMPANY	: LAKE-VIEW CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LAKE-VIEW (USED CARS) TRADING (00000614043)  
Date of Issue : 23 Sep 2019 13:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

MT/AE/EXCESS/139

26 Nov 2019

SEE SWEE LUAN @SEE POH GEOK  
BLK 95B #20-32  
HENDERSON ROAD  
CITY VUE @HENDERSON  
SINGAPORE 152095

Dear Policyholder

**ENDORSEMENT FOR POLICY NUMBER: 5112854159**  
**VEHICLE NUMBER: SMP1419G**

Thank you for giving us the opportunity to serve you.

We confirm that from 27 Nov 2019, the following amendment(s) is/are made to this policy:

1. The Policy is extended to cover use for hire or reward.
2. An excess of S\$2,000.00 is imposed under Section 1 of this Policy.
3. An excess of S\$1,500.00 is imposed under Section 2 of this Policy
4. The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

In view of this amendment, an additional premium of \$367.20(inclusive of GST) is payable under your policy.

Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter.

For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.